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CONFIRMATION NO. 5987

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/531,867	09/16/2005 RULE	424	1616	270851US0PCT

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/06444 06/18/2003

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 020235891 10/23/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and JAMES HENRY ALSTRUM ACEVEDO/ Acknowledged _____ Examiner's Signature _____		Initials	ITALY	0	21	1

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TITLE

Salmeterol superfine formulation

FILING FEE RECEIVED 1590	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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